



MOLECULAR ONCOLOGY DIAGNOSTICS – CIRCULATING TUMOUR DNA

<http://www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/oncology-genetics/molecular-oncology/ct-dna/>

Yorkshire and North East Genomic
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Date Received:	Place lab number sticker here	
Date of Sample:		
Sample type/ tube/volume:	NEW	<input type="checkbox"/>
	Previous Sample	<input type="checkbox"/>
Package opened by:	Ped number:	
Identifiers checked by:		

Please complete ALL sections. At least 3 points of identification are required. Please label forms and sample (s) adequately. Failure to do so will result in a delay of sample results.

PATIENT DETAILS/Patient ID label	Referrer details
Surname: Forename(s): D.O.B.: NHS No: Sex: Address: Postcode: Is this a Danger of Infection (DoI) sample? Y <input type="checkbox"/> /N <input type="checkbox"/> If yes please state:	Consultant: Hospital: Phone: Fax: Email: Patient's GP: Copies of results to:

FOR DETECTION OF EGFR MUTATIONS EXONS 19-20 IN CIRCULATING TUMOUR DNA FROM PERIPHERAL BLOOD.

PLEASE LIAISE WITH THE MOLECULAR ONCOLOGY TEAM ON **0113 2064570** WHEN A BLOOD SAMPLE IS TAKEN TO CONFIRM TRANSPORT ARRANGEMENTS.

PLEASE SEND SAMPLE IN EITHER EDTA OR STRECK SAMPLE TUBE. IF USING EDTA THEN SAMPLE MUST ARRIVE IN LAB WITHIN 4 HOURS OF SAMPLING. IF USING A STRECK TUBE THEN TUBE MUST BE COMPLETELY FILLED IF POSSIBLE AND THEN INVERTED TEN TIMES TO MIX WELL.

Clinical Details:			
Date & time of sample:		Sample taken by:	
Mutation	<input type="checkbox"/> EGFR		